

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | 1632 |
| CD-ROM or CD-R?:: | None |
| Sequence submission?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | GLUTAMIC ACID DECARBOXYLASE (GAD) BASED DELIVERY SYSTEMS |
| Attorney Docket Number:: | 102182-0036 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Total Drawing Sheets:: | 34 |
| Small Entity?:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Matthew |
| Family Name:: | During |
| City of Residence:: | Philadelphia |
| State or Province of Residence:: | PA |
| Country of Residence:: | US |
| Street of mailing address:: | 1512 Spruce Street, Apt. 2901 |
| City of mailing address:: | Philadelphia |
| State or Province of mailing address:: | PA |
| Postal or Zip Code of mailing address:: | 19102 |

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Michael
 Family Name:: Kaplitt
 City of Residence:: New Rochelle
 State or Province of Residence:: NY
 Country of Residence:: US
 Street of mailing address:: 504 East 63rd Street
 Apartment 23P
 City of mailing address:: New Rochelle
 State or Province of mailing address:: NY
 Postal or Zip Code of mailing address:: 10021

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/206,281 | 05/23/00 |
| This Application | Continuation-in-part of | 09/863,179 | 05/23/01 |

Assignee Information

Assignee name:: NEUROLOGIX, INC.
Street of mailing address:: 271-32E Grand Central Parkway
City of mailing address:: Floral Park
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 11005

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